Contractor Information

Contractor Name
First Coast Service Options, Inc.

Contractor Number
09102

Contractor Type
MAC - Part B

LCD Information

LCD ID Number
L29276

LCD Title
Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI)

Contractor's Determination Number
92132

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CMS National Coverage Policy
Language quoted from CMS National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals are italicized throughout the Local Coverage Determination (LCD). NCDs and coverage provisions in interpretive manuals are not subject to the LCD Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See §1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, italicized text represents quotation from one or more of the following CMS sources:

National Coverage Determinations Manual, sections 80.6, 80.9, 140.5, and 220.1

Primary Geographic Jurisdiction
Florida
Indications and Limitations of Coverage and/or Medical Necessity

Many forms of scanning computerized ophthalmic diagnostic imaging (SCODI) tests currently exist (e.g., confocal laser scanning ophthalmoscopy (topography), scanning laser polarimetry, optical coherence tomography (OCT), and retinal thickness analysis). Although these techniques are different, their objective is the same.

Confocal scanning laser ophthalmoscopy (topography) uses multiple tomographic images to make quantitative topographic measurements of either the optic nerve head or posterior retinal structures to detect glaucomatous damage to the nerve fiber layer of the retina or non-glaucomatous retinal changes in the microstructure of the posterior retina (e.g. macular edema, atrophy associated with degenerative retinal diseases).

Scanning laser polarimetry measures change in the linear polarization of light (retardation). It uses a polarimeter, an optical device to measure linear polarization change and a scanning laser ophthalmoscope together to measure the thickness of the nerve fiber layer of the retina.

Optical coherence tomography is a non-invasive, non-contact imaging technique. It produces high-resolution, longitudinal, cross-sectional tomographs of ocular structures to detect evidence of glaucomatous damage or subsurface retinal defects.

Retinal thickness analysis is a computerized slitlamp biomicroscope that is intended to provide manual and computerized tomography of the retina in vivo to determine the thickness and the inner structure of the retina. It is indicated for assessing the area and location of retinal thickness abnormalities, such as thickening due to macular edema and atrophy associated with degenerative diseases, and for visualizing other retinal pathologies.

Indications of Coverage for Posterior Segment SCODI
Posterior segment SCODI allows for early detection of glaucomatous damage to the nerve fiber layer or optic nerve of the eye. It is the goal of these diagnostic imaging tests to discriminate among patients with normal intraocular pressures (IOP) who have glaucoma, patients with elevated IOP who have glaucoma, and patients with elevated IOP who do not have glaucoma. These tests can also provide precise methods of observation of the optic nerve head and can more accurately reveal subtle glaucomatous changes over the course of follow-up exams than visual field and/or disc photos. This can allow earlier and more efficient efforts of treatment toward the disease process.

Retinal disorders are the most common causes of severe and permanent vision loss. SCODI is also used for the evaluation and treatment of patients with retinal disease, especially certain macular abnormalities. It details the microscopic anatomy of the retina and the vitreo-retinal interface.

FCSO Medicare will consider posterior segment SCODI medically reasonable and necessary under the following circumstances:

1. The patient presents with “mild” glaucomatous damage or “suspect glaucoma” as demonstrated by any of the following:

   • Intraocular pressure ≥ 22mmHg as measured by applanation;
   • Symmetric or vertically elongated cup enlargement, neural rim intact, cup/disc ratio > 0.4;
   • Diffuse or focal narrowing or notching of disc rim, especially at inferior or superior poles;
   • Diffuse or localized abnormalities of the retinal nerve fiber layer, especially at the inferior or superior poles;
   • Nerve fiber layer disc hemorrhage;
   • Asymmetrical appearance of the optic disc or rim between fellow eyes that suggests loss of neural tissue;
   • Nasal step peripheral to 20 degrees or small paracentral or arcuate scotoma; or
   • Mild constriction of visual field isopters.

Because of the slow disease progression of patients with “suspect glaucoma” or those with “mild” glaucomatous damage, the use of scanning computerized ophthalmic diagnostic imaging at a frequency of > 1/year is not expected.

2. The patient presents with “moderate” glaucomatous damage as demonstrated by any of the following:

   • Enlarged optic cup with neural rim remaining but sloped or pale, cup to disc ratio > 0.5 but 0.8;
   • Definite focal notch with thinning of the neural rim; or
   • Definite glaucomatous visual field defect (e.g., arcuate defect, nasal step, paracentral scotoma, or general depression).

Patients with “moderate damage” may be followed with scanning computerized ophthalmic diagnostic imaging and/or visual fields. One or two tests of either per year may be appropriate. If both scanning computerized ophthalmic diagnostic imaging and visual field tests are used, only one of each test would be considered medically necessary, as these tests provide duplicative information.

Scanning computerized ophthalmic diagnostic imaging is not considered medically reasonable and necessary for patients with “advanced” glaucomatous damage. Instead, visual field testing should be performed. (Late in the course of glaucoma, when the nerve fiber layer has been extensively damaged, visual fields are more likely to detect small changes than scanning computerized ophthalmic diagnostic imaging).

The patient with “advanced” glaucomatous damage would demonstrate any of the following:

   • Diffuse enlargement of optic nerve cup, with cup to disc ratio > 0.8;
   • Wipe-out of all or a portion of the neural retinal rim;
   • Severe generalized constriction of isopters (i.e., Goldmann I4e, < 10 degrees of fixation);
   • Absolute visual field defects to within 10 degrees of fixation;
   • Severe generalized reduction of retinal sensitivity; or
Loss of central visual acuity, with temporal island remaining.

In addition, scanning computerized ophthalmic diagnostic imaging is not considered medically reasonable and necessary when performed to provide additional confirmatory information regarding a diagnosis which has already been determined.

**Indications of Coverage for Anterior Segment SCODI**

FCSO Medicare will consider anterior segment SCODI medically reasonable and necessary for evaluation of specified forms of glaucoma and disorders of the cornea, iris and ciliary body.

**Coding Information**

**Bill Type Codes:**

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

**Revenue Codes:**

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>99999</td>
<td>Not Applicable</td>
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**CPT/HCPCS Codes**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>92132</td>
<td>SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, ANTERIOR SEGMENT, WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL</td>
</tr>
<tr>
<td>92133</td>
<td>SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL; OPTIC NERVE</td>
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</tbody>
</table>
ICD-9 Codes that Support Medical Necessity

ICD-9-CM codes applicable for CPT codes 92133 and 92134 (Do not report 92133 and 92134 at the same patient encounter)

115.02 HISTOPLASMA CAPSULATUM RETINITIS
190.6 MALIGNANT NEOPLASM OF CHOROID
191.0 MALIGNANT NEOPLASM OF CEREBRUM EXCEPT LOBES AND VENTRICLES
191.1 MALIGNANT NEOPLASM OF FRONTAL LOBE
191.2 MALIGNANT NEOPLASM OF TEMPORAL LOBE
191.3 MALIGNANT NEOPLASM OF PARIETAL LOBE
224.6 BENIGN NEOPLASM OF CHOROID
228.03 HEMANGIOMA OF RETINA
360.11 SYMPATHETIC UVEITIS
360.21 PROGRESSIVE HIGH (DEGENERATIVE) MYOPIA
360.30 - 360.34 HYPOTONY OF EYE UNSPECIFIED - FLAT ANTERIOR CHAMBER OF EYE
361.00 - 361.07 RETINAL DETACH WITH RETINAL DEFECT UNSPECIFIED - OLD RETINAL DETACH TOTAL OR SUBTOTAL
361.10 - 361.19 RETINOSCHISIS UNSPECIFIED - OTHER RETINOSCHISIS AND RETINAL CYSTS
361.2 SEROUS RETINAL DETACH
361.30 - 361.33 RETINAL DEFECT UNSPECIFIED - MULTIPLE DEFECTS OF RETINA WITHOUT DETACH
361.81 TRACTION DETACH OF RETINA
362.01 BACKGROUND DIABETIC RETINOPATHY
362.02 PROLIFERATIVE DIABETIC RETINOPATHY
362.03 NONPROLIFERATIVE DIABETIC RETINOPATHY NOS
362.04 MILD NONPROLIFERATIVE DIABETIC RETINOPATHY
362.05 MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY
362.06 SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY
362.07* DIABETIC MACULAR EDEMA
362.10 - 362.18  BACKGROUND RETINOPATHY UNSPECIFIED - RETINAL VASCULITIS
362.29  OTHER NONDIABETIC PROLIFERATIVE RETINOPATHY
362.31  CENTRAL RETINAL ARTERY OCCLUSION
362.32  RETINAL ARTERIAL BRANCH OCCLUSION
362.35  CENTRAL RETINAL VEIN OCCLUSION
362.36  VENOUS TRIBUTARY (BRANCH) OCCLUSION OF RETINA
362.37  VENOUS ENGORGEMENT OF RETINA
362.40 - 362.43  RETINAL LAYER SEPARATION UNSPECIFIED - HEMORRHAGIC DETACH OF RETINAL PIGMENT EPITHELIUM
362.50 - 362.57  MACULAR DEGENERATION (SENILE) OF RETINA UNSPECIFIED - DRUSEN (DEGENERATIVE) OF RETINA
362.70 - 362.77  HEREDITARY RETINAL DYSTROPHY UNSPECIFIED - RETINAL DYSTROPHIES PRIMARILY INVOLVING BRUCH'S MEMBRANE
362.81  RETINAL HEMORRHAGE
362.82  RETINAL EXUDATES AND DEPOSITS
362.83  RETINAL EDEMA
362.85  RETINAL NERVE FIBER BUNDLE DEFECTS
363.00 - 363.08  FOCAL CHORIORETINITIS UNSPECIFIED - FOCAL RETINITIS AND RETINOCHOROIDITIS PERIPHERAL
363.10 - 363.15  DISSEMINATED CHORIORETINITIS UNSPECIFIED - DISSEMINATED RETINITIS AND RETINOCHOROIDITIS PIGMENT EPITHELIOPATHY
363.20 - 363.22  CHORIORETINITIS UNSPECIFIED - HARADA'S DISEASE
363.30 - 363.35  CHORIORETINAL SCAR UNSPECIFIED - DISSEMINATED SCARS OF RETINA
363.40 - 363.43  CHOROIDAL DEGENERATION UNSPECIFIED - ANGIOD STREAKS OF CHOROID
363.54  CENTRAL CHOROIDAL ATROPHY TOTAL
363.63  CHOROIDAL RUPTURE
363.70 - 363.72  CHOROIDAL DETACH UNSPECIFIED - HEMORRHAGIC CHOROIDAL DETACH
364.22  GLAUCOMATOCYCLITIC CRISES
364.53  PIGMENTARY IRIS DEGENERATION
365.00 - 365.04  PREGLAUCOMA UNSPECIFIED - OCULAR HYPERTENSION
365.10 - 365.15  OPEN-ANGLE GLAUCOMA UNSPECIFIED - RESIDUAL STAGE OF OPEN ANGLE GLAUCOMA
365.20 - 365.24
PRIMARY ANGLE-CLOSURE GLAUCOMA UNSPECIFIED - RESIDUAL STAGE OF ANGLE-CLOSURE GLAUCOMA
365.31 - 365.32
CORTICOSTEROID-INDUCED GLAUCOMA
GLAUCOMATOUS STAGE - CORTICOSTEROID-INDUCED GLAUCOMA RESIDUAL STAGE
365.41 - 365.44
GLAUCOMA ASSOCIATED WITH CHAMBER ANGLE ANOMALIES - GLAUCOMA ASSOCIATED WITH SYSTEMIC SYNDROMES
365.51 - 365.59
PHACOLYTIC GLAUCOMA - GLAUCOMA ASSOCIATED WITH OTHER LENS DISORDERS
365.60 - 365.65
GLAUCOMA ASSOCIATED WITH UNSPECIFIED OCULAR DISORDER - GLAUCOMA ASSOCIATED WITH OCULAR TRAUMA
365.81 - 365.89
HYPERSECRETION GLAUCOMA - OTHER SPECIFIED GLAUCOMA
365.9
UNSPECIFIED GLAUCOMA
368.40
VISUAL FIELD DEFECT UNSPECIFIED
368.41
SCOTOMA INVOLVING CENTRAL AREA
368.42
SCOTOMA OF BLIND SPOT AREA
368.43
SECTOR OR ARCUATE VISUAL FIELD DEFECTS
368.44
OTHER LOCALIZED VISUAL FIELD DEFECT
368.45
GENERALIZED VISUAL FIELD CONTRACTION OR CONSTRICTION
376.00 - 376.9
ACUTE INFLAMMATION OF ORBIT UNSPECIFIED - UNSPECIFIED DISORDER OF ORBIT
377.00 - 377.04
PAPILLEDEMA UNSPECIFIED - FOSTER-KENNEDY SYNDROME
377.10 - 377.16
OPTIC ATROPHY UNSPECIFIED - HEREDITARY OPTIC ATROPHY
377.21 - 377.24
DRUSEN OF OPTIC DISC - PSEUDOPAPILLEDEMA
377.30
OPTIC NEURITIS UNSPECIFIED
377.31
OPTIC PAPILLITIS
377.39
OTHER OPTIC NEURITIS
377.41 - 377.49
ISCHEMIC OPTIC NEUROPATHY - OTHER DISORDERS OF OPTIC NERVE
379.11 - 379.19
SCLERAL ECTASIA - OTHER SCLERAL DISORDERS
379.21 - 379.29
VITREOUS DEGENERATION - OTHER DISORDERS OF VITREOUS
743.20 - 743.22
BUPHTHALMOS UNSPECIFIED - BUPHTHALMOS ASSOCIATED WITH OTHER OCULAR ANOMALIES
743.57
SPECIFIED CONGENITAL ANOMALIES OF OPTIC DISC
743.58
VASCULAR ANOMALIES CONGENITAL
OTHER CONGENITAL ANOMALIES OF POSTERIOR SEGMENT

CONTUSION OF EYEBALL

* ICD-9-CM code 362.07 (Diabetic macular edema) requires a dual diagnosis. 362.07 must be used with an ICD-9-CM code for diabetic retinopathy (ICD-9-CM codes 362.01-362.06).

[ICD-9-CM codes applicable for CPT code 92132:

190.0  MALIGNANT NEOPLASM OF EYEBALL EXCEPT CONJUNCTIVA CORNEA RETINA AND CHOROID

190.4  MALIGNANT NEOPLASM OF CORNEA

224.0  BENIGN NEOPLASM OF EYEBALL EXCEPT CONJUNCTIVA CORNEA RETINA AND CHOROID

224.4  BENIGN NEOPLASM OF CORNEA

364.51 - 364.59  ESSENTIAL OR PROGRESSIVE IRIS ATROPHY - OTHER IRIS ATROPHY

364.60 - 364.64  IDIOPATHIC CYSTS OF IRIS AND CILIARY BODY - EXUDATIVE CYST OF PARS PLANA

364.70 - 364.77  ADHESIONS OF IRIS UNSPECIFIED - RECESSSION OF CHAMBER ANGLE OF EYE

364.81 - 364.89  FLOPPY IRIS SYNDROME - OTHER DISORDERS OF IRIS AND CILIARY BODY

365.02  ANATOMICAL NARROW ANGLE BORDERLINE GLAUCOMA

365.20 - 365.24  PRIMARY ANGLE-CLOSURE GLAUCOMA UNSPECIFIED - RESIDUAL STAGE OF ANGLE-CLOSURE GLAUCOMA

365.41 - 365.44  GLAUCOMA ASSOCIATED WITH CHAMBER ANGLE ANOMALIES - GLAUCOMA ASSOCIATED WITH SYSTEMIC SYNDROMES

365.51 - 365.59  PHACOLYTIC GLAUCOMA - GLAUCOMA ASSOCIATED WITH OTHER LENS DISORDERS

365.60 - 365.65  GLAUCOMA ASSOCIATED WITH UNSPECIFIED OCULAR DISORDER - GLAUCOMA ASSOCIATED WITH OCULAR TRAUMA

365.81 - 365.89  HYPERSECRETION GLAUCOMA - OTHER SPECIFIED GLAUCOMA

370.04  HYPOPYON ULCER

370.05  MYCOTIC CORNEAL ULCER

370.06  PERFORATED CORNEAL ULCER

371.03  CENTRAL OPACITY OF CORNEA

371.71  CORNEAL ECTASIA

371.72  DESCEMETOCELE
Diagnoses that Support Medical Necessity
N/A

ICD-9 Codes that DO NOT Support Medical Necessity
N/A

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity
N/A

General Information

Documentation Requirements
· Medical record documentation (e.g., office/progress notes) maintained by the performing physician must indicate the medical necessity of the scanning computerized ophthalmic diagnostic imaging.
· A copy of the test results, computer analysis of the data, and appropriate data storage for future comparison in follow-up exams is required.

Appendices

Utilization Guidelines
It is expected that these services would be performed as indicated by current medical literature and/or standards of practice. When services are performed in excess of established parameters, they may be subject to review for medical necessity.

Sources of Information and Basis for Decision


Advisory Committee Meeting Notes

This Local Coverage Determination (LCD) does not reflect the sole opinion of the contractor or Contractor Medical Director. Although the final decision rests with the contractor, this LCD was developed in cooperation with advisory groups, which includes representatives from numerous societies.

Florida Contractor Advisory Committee Meeting held on March 7, 2009.


Start Date of Comment Period

End Date of Comment Period

Start Date of Notice Period
01/01/2011

Revision History Number
2

Revision History Explanation
Revision Number:2
Start Date of Comment Period:N/A
Start Date of Notice Period:01/01/2011
Revised Effective Date: 01/01/2011

LCR B2011-013
December 2010 Update

Explanation of Revision: Annual 2011 HCPCS Update. CPT code 92135 was deleted and replaced with CPT codes 92133 and 92134. CPT code 0187T was deleted and replaced with CPT code 92132. The ‘Documentation Requirements’ section of the LCD has also been updated. Changed the “Contractor’s Determination Number” to 92132. The effective date of this revision is based on date of service.

Revision Number:1
Start Date of Comment Period:02/20/2009
Start Date of Notice Period:05/01/2009
Revised Effective Date: 06/30/2009

LCR B2009-060
April 2009 Update
Explanation of Revision: ‘Indications and Limitations of Coverage and/or Medical Necessity’ section of LCD revised to include language pertaining to anterior segment SCODI, ‘CPT/HCPCS Codes’ section revised to include CPT code 0187T. Also, a new section, ‘ICD-9-CM codes applicable for CPT code 0187T’, was added to the LCD, the ‘Documentation Requirements’ section has been revised to include language regarding CPT code 0187T and the ‘Sources of Information and Basis for Decision’ section of LCD has been updated accordingly. The effective date of this revision is based on date of service.

Revision Number: Original
Start Date of Comment Period: N/A
Start Date of Notice Period: 12/04/2008
Revised Effective Date: 02/02/2009

LCR B2009-
December 2008 Bulletin

This LCD consolidates and replaces all previous policies and publications on this subject by the carrier predecessors of First Coast Service Options, Inc. (Triple S and FCSO).

For Florida (00590) this LCD (L29276) replaces LCD L6435 as the policy in notice. This document (L29276) is effective on 02/02/2009.

11/21/2010 - The following CPT/HCPCS codes were deleted:
0187T was deleted from Group 1
92135 was deleted from Group 1

Reason for Change

Last Reviewed On Date

Related Documents
This LCD has no Related Documents.

LCD Attachments
Draft LCD Comment Summary (HTM - 26,261 bytes)

All Versions
Updated on 12/23/2010 with effective dates 02/13/2011 - N/A
Updated on 12/21/2010 with effective dates 02/13/2011 - N/A
Updated on 12/16/2010 with effective dates 01/01/2011 - 02/12/2011
Updated on 12/15/2010 with effective dates 01/01/2011 - N/A
Updated on 04/17/2009 with effective dates 06/30/2009 - 12/31/2010
Updated on 11/30/2008 with effective dates 02/02/2009 - N/A